

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	24	71531	2-19-01
O.I.P.E. CLASSIFIER	24		12/8
FORMALITY REVIEW	24		2-19-01
RESPONSE FORMALITY REVIEW	24		2-19-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	8/30/01
2	✓	✓	5/2/02
3	✓	✓	10/23/02
4	✓	✓	3/6/03
5	✓	✓	8/13/03
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	5/2/02
52	✓	✓	10/23/02
53	✓	✓	3/6/03
54	✓	✓	8/13/03
55	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
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106	✓	✓	
107	✓	✓	
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141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)